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|  |                      |                                     |
|--|----------------------|-------------------------------------|
| <b>TRANSMITTAL<br/>FORM</b>                              | Application Number   | 10/809,783                          |
|  | Filing Date          | March 24, 2004                      |
|  | First Named Inventor | McCalmont, et al.                   |
|  | Art Unit             | 2614                                |
|  | Examiner Name        | RAMAKRISHNAIAH, Melur               |
| (to be used for all correspondence after initial filing) |                      |                                     |
| Total Number of Pages in This Submission                 | 20                   | Attorney Docket Number<br>P5272-CON |

| ENCLOSURES (Check all that apply)  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
| Remarks <input style="width: 100%;" type="text"/>  |   |   |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT   |   |   |
| Firm Name  | Intrado Inc.  |   |
| Signature  | /Michael B. Johannesen/   |   |
| Printed name   | Michael B. Johannesen   |   |
| Date   | November 3, 2006  | Reg. No. 35,557   |

| CERTIFICATE OF TRANSMISSION/MAILING   |                     |      |                  |
|---|---------------------|------|------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |                     |      |                  |
| Signature   | /Michele Zarinelli/ |      |                  |
| Typed or printed name   | Michele Zarinelli   | Date | November 3, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application No.: 10/809,783  
Atty. Docket No.: 4380-2-CON  
November 3, 2006  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                             |   |                                   |
|-----------------------------|---|-----------------------------------|
| In Re the Application of:   | ) | Group Art Unit: 2614              |
|                             | ) |                                   |
| McCalmont, <i>et al.</i>    | ) | Examiner: RAMAKRISHNAIAH, Melur   |
|                             | ) |                                   |
| Serial No.: 10/809,783      | ) | <u>AMENDMENT AND RESPONSE</u>     |
|                             | ) | <u>TO THE FINAL OFFICE ACTION</u> |
| Confirmation No.: 7027      | ) |                                   |
|                             | ) |                                   |
| Filed: March 24, 2004       | ) |                                   |
|                             | ) |                                   |
| Atty. File No.: 4380-2-CON  | ) |                                   |
|                             | ) |                                   |
| For: "GEOGRAPHIC ROUTING OF | ) |                                   |
| EMERGENCY SERVICE CALL      | ) |                                   |
| CENTER EMERGENCY CALLS"     | ) |                                   |

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant submits this Proposed Amendment and Response to address the Final Office Action having a mailing date of September 6, 2006. Reconsideration, entry of this Amendment and withdrawal of the rejections of the claims are respectfully requested as set forth herein.

AMENDMENTS TO THE CLAIMS begin on Page 2.

REMARKS begin on Page 11.